

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010629

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

133

Primary Registration District No.

3022

Registrar's No.

39

STATE FILE NUMBER

FILED MAR 19 1962

1. PLACE OF DEATH

a. COUNTY

Harrison

b. CITY (If outside corporate limits, give TOWNSHIP only)

Bethany

Length of stay in 1b

3 wk

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

621 South 15th

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Harrison

c. CITY

Gilman City

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

none

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Nellie

Middle

Bell

Last

Christopher

4. DATE OF DEATH

Month

Day

Year

3-11-1962

5. SEX

Female

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4-19-1890

9. AGE (last birthday)

71

IF UNDER 1 YEAR

Months

Days

Hours

Min.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR INDUSTRY

Farm

11. BIRTHPLACE (City and state or country)

Harrison County, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S.

13a. FATHER'S NAME

James Terhune

13b. MOTHER'S MAIDEN NAME

Cordelia Hart

14. NAME OF HUSBAND OR WIFE

William Edgar Christopher

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

William E Christopher, Gilman City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

~~Congestive Heart~~ Hypostatic Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

48 hrs

DUE TO (b)

Congestive Heart Failure

1 year

DUE TO (c)

Hypertensive Heart Disease

5 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐☐☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

6-17-59

to 3-11-62

and last saw ~~her~~ alive on

3-11-52

Death occurred at

1:15 P.M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

D. H. Thayer

22b. ADDRESS

D. O.

Bethany, Mo.

22c. DATE SIGNED

3-12-1962

23a. BURIAL, CREMATION, REMOVAL (Specify)

3-Burial

23b. DATE

3-13-1962

23c. NAME OF CEMETERY OR CREMATORY

Gilman City, Masonic

23d. LOCATION (City, town, or county)

Gilman City, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

MBHass Bethany Mo

25. DATE RECD. BY LOCAL REG.

3-13-1962

26. REGISTRAR'S SIGNATURE

Jella Masey

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed MB Haas

Licensed Embalmer No. 3899

P. O. Address Bethany Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

- If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
- If this body is not embalmed, fact should be so stated above.